

Pro Se 1 (Rev. 12/16) Complaint for a Civil Case

UNITED STATES DISTRICT COURT

for the

_____ District of _____

_____ Division

Reset home health agency LLC

Case No. _____

(to be filled in by the Clerk's Office)

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Humana, WellMed, United healthcare, Superior health plan, Prominence health plan, Molina healthcare

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

COMPLAINT FOR A CIVIL CASE

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Reset Home health agency LLC
Street Address	3307 N McColl RD suite I
City and County	McAllen
State and Zip Code	Texas 78501
Telephone Number	347-527-0494
E-mail Address	Resethomehealthagency@outlook.com

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Pro Se 1 (Rev. 12/16) Complaint for a Civil Case

Defendant No. 1

Name Humana

Job or Title *(if known)*

Street Address 1221 South Mopac suite 300

City and County Austin

State and Zip Code Texas 78746

Telephone Number 18004574708

E-mail Address *(if known)*

Defendant No. 2

Name WellMed

Job or Title *(if known)*

Street Address 19500 W interstate 10 stop 2-4090

City and County San Antonio

State and Zip Code Texas 78257

Telephone Number 2109513093

E-mail Address *(if known)*

Defendant No. 3

Name United health care

Job or Title *(if known)*

Street Address 1250 S capital of Texas Hwy south building 1-400

City and County Austin

State and Zip Code Texas 78746

Telephone Number 512-347-2600

E-mail Address *(if known)*

Defendant No. 4

Name Superior health plan

Job or Title *(if known)*

Street Address 5900 E Ben White blvd

City and County Austin

State and Zip Code Texas 78741

Telephone Number 18007835386

E-mail Address *(if known)*

Pro Se 1 (Rev. 12/16) Complaint for a Civil Case

Defendant No. 1

Name Molina Healthcare

Job or Title *(if known)*

Street Address 1660 N Westridge Circle

City and County Irving

State and Zip Code Texas 75038

Telephone Number 18664496849

E-mail Address *(if known)*

Defendant No. 2

Name Prominence health plan

Job or Title *(if known)*

Street Address 305 W Woodard Street

City and County Denison

State and Zip Code Texas 75020

Telephone Number 775-770-9300

E-mail Address *(if known)*

Defendant No. 3

Name

Job or Title *(if known)*

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address *(if known)*

Defendant No. 4

Name

Job or Title *(if known)*

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address *(if known)*

II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? *(check all that apply)*



Federal question



Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

A. If the Basis for Jurisdiction Is a Federal Question

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

Title 7: Antitrust, 7-2.000-Antitrust statutes, 7-2.400- Other competition laws

B. If the Basis for Jurisdiction Is Diversity of Citizenship**1. The Plaintiff(s)****a. If the plaintiff is an individual**

The plaintiff, *(name)* _____, is a citizen of the
State of *(name)* _____.

b. If the plaintiff is a corporation

The plaintiff, *(name)* _____, is incorporated
under the laws of the State of *(name)* _____,
and has its principal place of business in the State of *(name)* _____.

(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)

2. The Defendant(s)**a. If the defendant is an individual**

The defendant, *(name)* _____, is a citizen of
the State of *(name)* _____ . Or is a citizen of
(foreign nation) _____.

b. If the defendant is a corporation

The defendant, *(name)* _____, is incorporated under
the laws of the State of *(name)* _____, and has its
principal place of business in the State of *(name)* _____.
Or is incorporated under the laws of *(foreign nation)* _____,
and has its principal place of business in *(name)* _____.

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because *(explain)*:

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

We are Medicare licensed home health agency we have limited access to Medicare beneficiaries in the region, 90 percent of patient referrals are in network with the defendant because 70 percent of Medicare beneficiaries in the region are in network with one of the defendants. We have requested to be in network with all the defendants at least twice and have been denied everytime. It's impossible for us as a home health agency to survive without being in network with the defendants because they control majority of Medicare beneficiaries in the region. Wellmed denied us by January 25th 2024. Humana Denied us April 24th 2023 and January 16th 2024. United healthcare denied us August 31st 2023 and December 20th 2023. Prominence health denied us November 10th 2023, November 27th 2023 and January 19th 2024. Molina Healthcare denied us November 25th 2023.

IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

I want no money all I want is for Reset home health agency LLC to be allowed in network with all the defendants so we can provide our services to Medicare beneficiaries that need them. We have had several inservices with hospitals and doctors offices in my region to talk about our services and how their patients can benefit from them. After each inservices we have been informed by every hospital and doctor's office that most of their patients are in network with one of the defendants. We continue to receive referrals from doctors and hospitals for our services but 90 percent of them we are unable to admit because they are in network with the defendants

V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 02/01/2024

Signature of Plaintiff



Printed Name of Plaintiff

Chukwunonso Azikiwe

B. For Attorneys

Date of signing:

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Street Address

State and Zip Code

Telephone Number

E-mail Address